Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 anguld be completed where

appropriate. All further con indicated unless corrected in maintenance fee notification	rrespondence including the P below or directed otherwise ns.	ratent, advance orders and not in Block I, by (a) specifying	ification of maintenance fees a new correspondence address	will be mailed to the current s; and/or (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
DARBY & DAR P. O. BOX 5257 NEW YORK, NY	10150-5257	OIPE	Fee(s) Transmittal. T papers. Each addition have its own certifica C. I hereby certify that States Postal Service C.	f mailing can only be used for his certificate cannot be used for all paper, such as an assignme all paper, such as an assignme are of mailing or transmission. ertificate of Mailing or Trans this Fee(s) Transmittal is being with sufficient postage for fire till Scop ISSUE FEE address	or any other accompanying an or formal drawing, must mission a deposited with the United at class mail in an envelope above, or being facsimile
7/2004 MBERHET 00000)129 09879319	18. 16	transmitted to the US	PTO, on the date indicated bel-	OW. (Depositor's name)
Ci1501	1330.00. DP	TRANFMAN	'		(Signature)
Eì1504	300.00 0				(Dane)
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
L	06/11/2001	FIRST NAMED INVENTOR William T. Donofrio		2640/IG819US1	5187
, 09/879,319		H FOR CONTROLLING A SURGICAL HANDPIECE		2040/108/703/	3167
ince of invention: F	INGER OPERATED SWITC		UNGICAL HANDFIECE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
A nonprovisional	NO	\$1330	\$300	\$1630	01/20/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS]	
NGUYI	EN, VI X	3731	606-169000	-	
CFR 1.363). Change of correspond Address form PTO/SB/1 Change of correspond Address form PTO/SB/1 Change of correspond Address form PTO/SB/1 Change of correspond Address for PTO/SB/1 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN ETHICON E Please check the appropriat 4a. The following fee(s) are XX Issue Fee XX Publication Fee Change of correspond Advance Order - # of	ion (or "Fee Address" Indicate or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified belied to the USPTO or is being street. NDO-SURGERY, e assignee category or category enclosed:	correspondence agents Of firm (have agent) an attorneys will be proposed by the proposed by th	T (print or type) ReC. ear on the patent. Inclusion of Completion of this form is NO CE: (CITY and STATE OR CO CINCINNA patent); Dindividual P Fee(s): in the amount of the fee(s) is en by credit card. Form PTO-203 ector is hereby authorized by count Number 04-010	attorneys or content of a single stered patent ed, no name 3 6/11/01 R/F: assignee data is only appropriation or other private groundlessed. \$1630.00 8 is attached. others the required fee(s), or (enclose an extra content of the single state of	te when an assignment has ignment. Toup entity
other than the applicant; interest as shown by the re This collection of inform obtain or retain a benefit application. Confidentialliestimated to take 12 mins completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT	a registered attorney or age ecords of the United States Pa ation is required by 37 CFR by the public which is to fi	ed) will not be accepted from ent; or the assignee or other stem and Trademark Office. 1.311. The information is require (and by the USPTO to prove 22 and 37 CFR 1.14. This colle athering, preparing, and submit lil vary depending upon the intequire to complete this form to the Chief Information Offic of Commerce, Alexandria, TED FORMS TO THIS ADI	party in Oate / I hereby used to cess) an address	certify that, on the date indicated a deposited with the U.S. Postal Sead for delivery to the Commiss (1450, Alexandria, VA 22313-145 ce to Addressee service.	ervice & that it was ioner for Patents.

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE